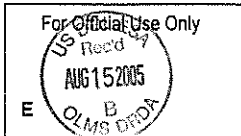


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7477</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ALAN</u> <u>SALVATORE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>282 HILLSIDE AVENUE</u> City <u>HILLSIDE</u> State <u>New Jersey</u> ZIP Code + 4 <u>07205-1803</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL UNION 177</u> Labor Organization File Number <u>009-355</u> P.O. Box, Building and Room Number, if any _____ Street <u>282 HILLSIDE AVENUE</u> City <u>HILLSIDE</u> State <u>New Jersey</u> ZIP Code + 4 <u>07205-1803</u>
5. Position in labor organization. <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Alan Salvatore On 08/08/2005 973-923-7070  
Date Telephone Number

Name of Person Filing <span style="float: right;">Alan Salvatore</span>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>ZAZZALI, FAGELLA, NOWAK, KLEINBAUM, FRIEDMAN</u> Trade Name, if any: <u>SAME</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1 RIVERFRONT PLAZA</u> City <u>NEWARK</u> State <u>New Jersey</u> ZIP Code + 4 <u>07102-5418</u>	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <u>ATTORNEYS FOR LOCAL UNION</u> <hr/> <b>11.b. Approximate dollar value of such dealing.</b> <u>\$13,000 Monthly</u> <u>retainer/billing</u> <b>12.a. Nature of interest held or income received.</b> <u>It is my recollection that I received a traditional Christmas basket from the above referenced law firm. I believe its value was in excess of \$25.00</u> <hr/> <b>12.b. Amount.</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> _____ _____ _____
<b>13.b. Is the Business an Employer</b> _____ <b>or Consultant</b> _____ <b>?</b>	<b>14.b. Amount of payment.</b> _____

Name of Person Filing <b>Alan Salvatore</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

8. Name and address of Business (including trade name, if any).

Name R.A. EBERLE & COMPANY, LLC

Trade Name, if any: SAME

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 2801 MORRIS AVENUE

City UNION

State New Jersey ZIP Code + 4 07083-7547

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

ACCOUNTANTS FOR LOCAL UNION

11.b. Approximate dollar value of such dealing. \$2,000 Monthly Retainer/billing

12.a. Nature of interest held or income received.

I RECEIVED THE USE OF FOOTBALL TICKET(S) AND BASKETBALL TICKET(S) ON OCCASSION FROM THE ABOVE REFERENCED ACCOUNTING FIRM BUT I DO NOT RECALL THE EXACT DATE OR DATES. TO THE BEST OF MY RECOLLECTION THE VALUE OF EACH TICKET WAS APPROXIMATELY \$50.00 PER TICKET

12.b. Amount.

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.